# Building a Workplace Safety and Health Culture

**Report of the Review Committee on the Public Consultations into the Workplace Safety and Health Injury Prevention Strategy**

**January, 2002**

Manitoba
Labour and
Immigration

AWARENESS | TRAINING | PREVENTION | RESPONSIBILITY

102-03860/

# *Review Committee on Improving Workplace Safety and Health*

January 27, 2002

Honourable Becky Barrett
Minister of Labour and Immigration
317 Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister,

It has been a most interesting and informative journey for your Review Committee on Workplace Safety and Health.

We are pleased to send you our completed report, which has the unanimous support of the Review Committee.

I want to thank my colleagues and the supporting staff for their diligence and devotion to the common cause of improving workplace safety and health in our province.

Respectfully submitted,

W. Fox-Decent

Wally Fox-Decent (Chairperson)

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# *Executive Summary*

The Minister's Review Committee on Improving Workplace Safety and Health in Manitoba is calling on the Manitoba government to lead a concerted campaign to promote and develop support for a provincial workplace safety and health culture, resulting in dramatically improved attitudes towards health and safety. Manitoba's persistent and high rates of workplace injury call for an ongoing, sustained, prevention effort. It will require work in the following four priority areas:

- public awareness
- training
- prevention measures
- responsibility

To measure its progress in reaching this goal, the Review Committee is recommending that the Province establish a five-year target of a 25 per cent reduction in the time-loss injury rate using the Workers Compensation Board rate as the measure.

Wally Fox-Decent

Chris Lorenc

Peter Walker

Ilana Warner

# The Consultation Process

On August 3, 2001, the Minister of Labour and Immigration, Ms Becky Barrett, announced a strategy to reduce workplace injuries. The strategy was based on the following six points:

- setting a target for injury reduction of 15 per cent over four years
- targetting young worker injury
- strengthening occupational disease prevention
- improving enforcement of current workplace legislation and codes
- improving agricultural safety and health
- undertaking a legislative review of the *Workplace Safety and Health Act*

She asked a Review Committee, chosen from the membership of the Minister's Advisory Council on Workplace Safety and Health, to undertake public consultations on the strategy and to report to her in January 2002.

The Review Committee was made up of four individuals:

- Wally Fox-Decent, Chairperson (Chairperson of the Workers Compensation Board of Manitoba)
- Chris Lorenc, management representative (President, the Manitoba Heavy Construction Association)
- Pete Walker, labour representative (Health and Safety Representative, Manitoba Federation of Labour)

- Ilana Warner, professional/technical representative (College of Registered Nurses of Manitoba, Infection Control Professional, Seven Oaks General Hospital)*

A public discussion paper on the six-point strategy was distributed to stakeholder groups and joint workplace safety and health committees. From October 11 to December 6, the Review Committee held 19 public meetings throughout Manitoba.

A total of 183 submissions were presented, either at these hearings, through the mail, or by e-mail. The public submissions were posted on the Workplace Safety and Health Division website (http://www.gov.mb.ca/labour/safety/prevention/submissions.html). Participant names are listed in Appendix One.

The submissions were thoughtful and articulate, and provided valuable input for this report.

**The submissions were thoughtful and articulate, and provided valuable input for this report.**

A number of presenters spoke to the Review Committee about specific workplace hazards and specific worker compensation issues. The Review Committee referred all such cases to either the Workplace Safety and Health Division, or to the Workers Compensation Board.

The Review Committee used the information presented to it during the review process and its collective judgement to prepare this report. The Review Committee has endeavoured to take a reasonable, balanced, and practical approach that builds on the successes of the past 25 years, while pointing the way towards improved results in the prevention of workplace injuries. The Review Committee was assisted in this process by staff from the Workplace Safety and Health Division. Their support was vital to the completion of this endeavour.

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* On the occasion of public hearings in Flin Flon, Thompson, and Swan River, Catherine Stewart (Association of Professional Engineers, and Geophysicists of Manitoba, INCO Ltd.) substituted for Ilana Warner

**The way we view risk and risk management must change.**

# *Commitment to a Workplace Safety and Health Culture*

As the statistics in the following sections of this report make clear, year in and year out, tens of thousands of Manitoba workers are injured. A significant number of workers lose their lives, and an uncounted number often suffer and sometimes die from occupational disease. This level of human suffering is not acceptable. Furthermore, many people who appeared before this Review Committee devote their energies to making workplaces safer. But a society can be said to tolerate what it does not change.

If Manitobans agree that the current level of workplace injury and illness is not acceptable, then they must take greater individual and collective action to improve injury and illness prevention measures. The way we view risk and risk management must change – this will involve a change in culture. It is no small task.

But it is not impossible. Attitudes towards the status of women, which some people said were simply a part of human nature, have changed. We have come to realize that we can no longer look upon the environment as simply a source of raw materials and a dumping ground for waste. Drinking and driving was once socially acceptable. Twenty-five years ago smoke-free workplaces were unheard of.

Our cultural attitudes on these issues have changed – and, in the process, our behaviours have changed. These changes are the result of broadly based and sustained initiatives. They have succeeded because they made use of a wide range of tools. There have been public-awareness campaigns, targetted education and training programs, and policy changes. Legislated enforcement powers have also been enhanced. Fine words are not enough; neither is coercion.

### THE ENVIRONMENT

A change in attitudes about workplace safety and health will also involve a continued evolution in the way we think about the environment. Historically, there has been an artificial divide that separated the workplace and the broader environment. Workplaces are a part of the environment we live in – products and processes that endanger worker safety and health are likely to represent a threat to the broader environment.

When an employer makes the decision to substitute a non-toxic substance for a toxic substance, both the people who work in the plant and the people who live nearby may well reap the benefits. Efforts that limit pollution can also prevent occupational disease and reduce workplace injuries.

In Manitoba, the construction industry, whose workplace quite literally is the environment, has begun to integrate workplace health and safety programs with its environment programs. In many cases there is a natural link between workplace safety and health, and environmental training. Resource industries can also benefit by combining efforts to reduce risk to both workers and the environment together under a single program.

Furthermore, companies that link these issues can avoid overlap and achieve improved efficiencies. This type of coordinated planning is a sign that our cultural attitudes towards workplace safety and health and the environment can change and will change. As those changes take root, it is likely that where today we speak of workplace safety and health policies, we will one day refer to workplace safety, health, and environment policies.

### A COMMITMENT TO CHANGE

Significant reduction in workplace injury and illness will require a commitment to building a workplace safety and health culture. Such commitment requires action in the following four priority areas:

**The cornerstone recommendation of this report calls on the Government of Manitoba to lead in the development of a strong workplace safety and health culture.**

**The challenge is to build on these prevention success stories.**

- public awareness and education
- training for employers, supervisors, and workers
- prevention measures
- internal and external responsibility systems

The submissions presented to the Review Committee underscored a very important point: it is possible to prevent injury and illness, and when employers, workers, and government commit themselves, it is possible to reduce injury rates. The challenge is to build on these prevention success stories.

The cornerstone recommendation of this report calls on the Government of Manitoba to lead in the development of a strong workplace safety and health culture in this province – one in which it is well understood that occupational injuries and disease are morally and legally unacceptable.

*LEAD AGENCIES*

The lead agencies in implementing such a strategy would be the Workplace Safety and Health Division and the Workers Compensation Board. But the campaign must involve employers and workers, safety and health professionals, educators, other government agencies, and other interested parties.

Over time this effort must expand to include environmental considerations. It will require a concerted and sustained effort on the part of Manitobans from many walks of life.

## RECOMMENDATIONS

***The Review Committee recommends that:***

1 UNDER THE LEADERSHIP AND DIRECTION of the Manitoba government, the Workplace Safety and Health Division and the Workers Compensation Board coordinate their efforts and resources to lead a sustained, provincial initiative to build a strong workplace safety and health culture in Manitoba.

The development of such a culture will require ongoing work in the following four priority areas:

1) public awareness and education
2) training for employers, supervisors, and workers
3) prevention measures and standards
4) internal and external responsibility systems

Success will require the leadership and strong financial support of the Government of Manitoba and others; it will also require the active participation of employers and workers, employer and labour organizations, safety and health professionals, and educators.

The following recommendations in this report outline the steps that need to be taken in each of the four priority areas in order to develop a strong workplace safety and health culture in Manitoba.

# Key Challenges

**In Manitoba, five of every 100 workers are away from work each year because of workplace injury.**

This Committee is recommending that government, business, labour, and the general public make a sustained commitment to developing a workplace safety and health culture. There are strong reasons for recommending such a significant initiative. This section of the report highlights four different areas of concern, all of which were identified in the Minister of Labour's initial six-point prevention strategy. These areas of concern are:

- workplace injuries
- occupational illness
- high-risk groups (including young and new workers)
- farm safety

## WORKPLACE INJURIES

In Manitoba, five of every 100 workers are away from work each year because of workplace injury.[1] In every year for the past decade, between 12 and 27 workers have lost their lives through traumatic work-related injuries. In each year from 1991 to 2000, over 16,000 Manitoba workers qualified for workers compensation benefits for time lost from work.[2] The number of time-loss injuries accepted by the WCB was 18,822 in 1991;[3] in 2000 the number was 18,598.[4]

While it pales in comparison to the burden in pain and suffering that is borne by injured workers and their families, an injury rate of this magnitude comes at a considerable cost to the provincial economy. In 2000 the Workers Compensation Board had incurred claims costs of $157 million, up from $135 million in the previous year.[5] It is estimated that the total cost of workplace injury in Manitoba is more than $300 million a year.[6] (See Figure 1, for a

breakdown of injury rates by selected sectors.)

## OCCUPATIONAL ILLNESS

The statistics provided by the Workers Compensation Board do not fully capture the extent of workplace injury and illness in Manitoba. The compensation system does an effective job of identifying and compensating workers who are injured as the result of a specific traumatic event in the workplace, such as a fall, a fire, or an explosion. However, there is a general consensus that workers compensation statistics underestimate the extent of workplace illness and disease. This is due to a number of factors, including:

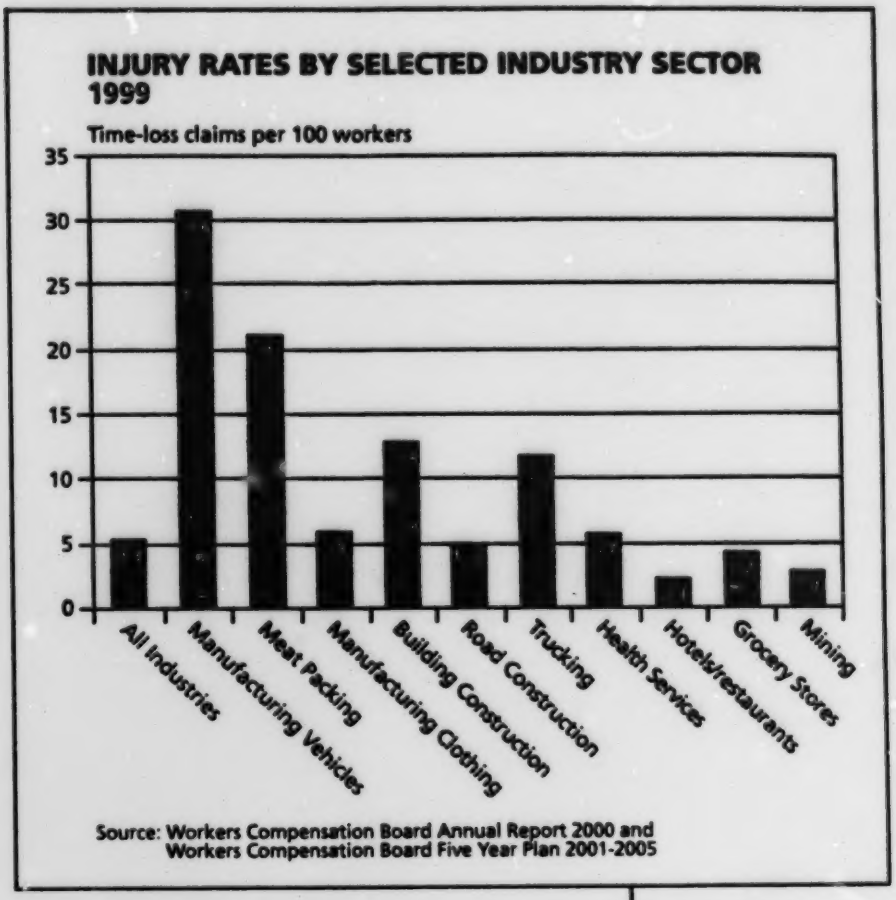



Figure 1

- there is often a considerable time lag between the period in which a worker may be exposed to a substance in a workplace and the onset of disease or illness
- work may not be the dominant cause of the illness (there is no entitlement to WCB benefits where work is not the dominant cause of the illness)
- family physicians may fail to draw the link between work and illness

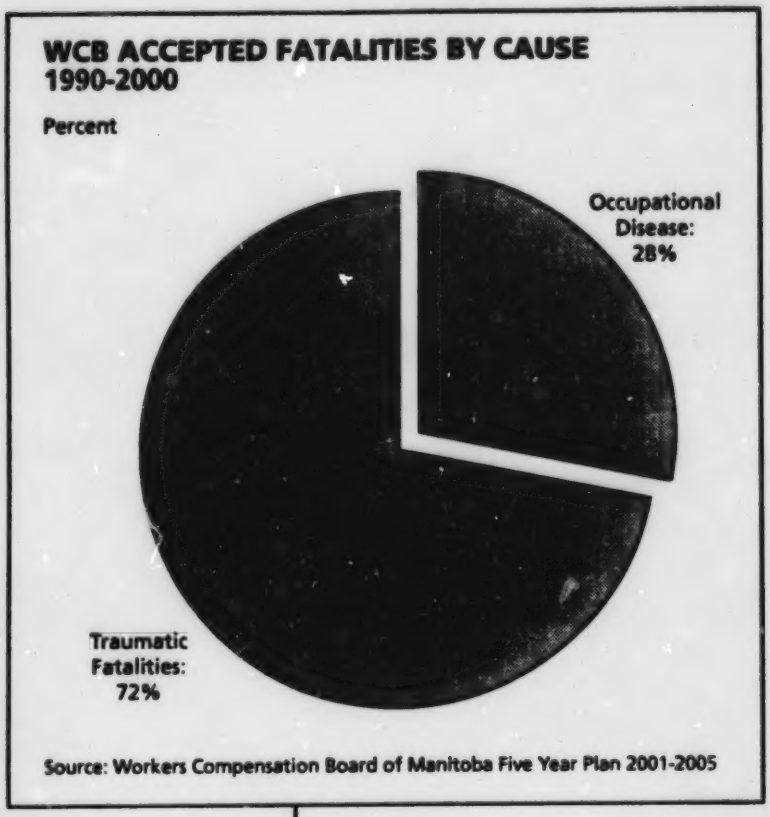



Figure 2

- scientific research may not have identified a link between work and the illness

The under-reporting of occupational disease is not a marginal issue. In 1996, 4,482 Manitobans between the ages of 35 and 74 were diagnosed with cancer. Current medical thinking estimates that between 4 to 10 per cent of all cancers are work-related. This would suggest that there were between 190 and 480 cases of occupationally related cancer in that year. However, in 1996 only two cancer cases met the WCB criteria as acceptable claims. (Figure 2 compares occupational disease and traumatic fatality claims accepted by the Workers Compensation Board.) In all likelihood the vast majority of those workers who were cancer patients and whose cancer was work-related were unaware of the link between work and their illness, and did not apply for benefits.[7]

The number of occupational disease claims accepted by the Workers Compensation Board represents the tip of the occupational disease iceberg—currently, most workplace illnesses and disease are hidden from sight.

## HIGH-RISK GROUPS (YOUNG AND NEW WORKERS)

Young workers run a greater risk of being injured on the job than workers in any other age group. Workers between the ages of 20 and 24 account for 10.3 per cent of the labour force, but suffer 14 per cent of all time-loss injuries.[8] (See Figure 3.) Hand injuries

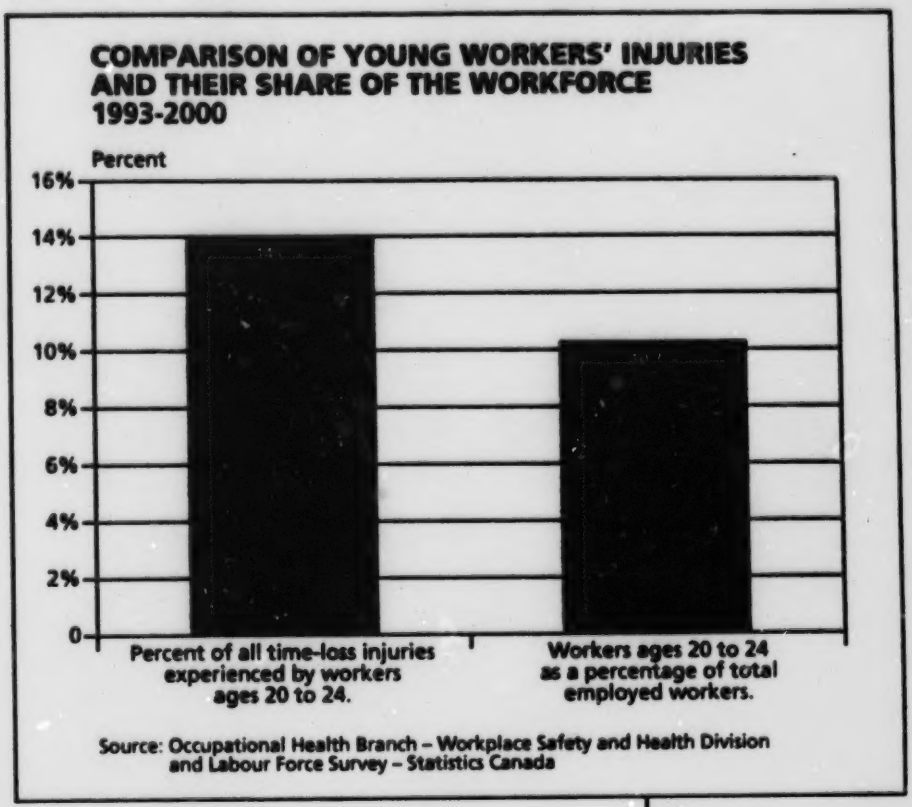

COMPARISON OF YOUNG WORKERS' INJURIES AND THEIR SHARE OF THE WORKFORCE 1993-2000
Percent
16%
14%
12%
10%
8%
6%
4%
2%
0
Percent of all time-loss injuries experienced by workers ages 20 to 24.
Workers ages 20 to 24 as a percentage of total employed workers.
Source: Occupational Health Branch – Workplace Safety and Health Division and Labour Force Survey – Statistics Canada

Figure 3

are particularly common among young workers: 42.2 per cent of injuries suffered by workers aged 15-19 were hand injuries.[9] These workers come to the workplace with little direct work experience, little knowledge of their rights, little in the way of safety and health training, and little in the way of job security. Their inexperience puts them at greater risk from specific job hazards while they are reluctant to refuse unusually dangerous work or to question the safety of work practices. Finally, it is at the start of their working lives that workers are more likely to take jobs that are dirty, dangerous, and difficult.

These problems are magnified for Aboriginal workers and those who are coming to the Manitoba labour force from other countries and other cultures. Language barriers make it difficult for them to discover both the nature of the risks they face and their workplace rights. Cultural barriers and anxieties over job security may be a factor in their reluctance to question unsafe workplace practices.

Finally, even experienced employees can become new workers as the result of a change in work process, a reassignment, or a change in employment. If, as is sometimes suggested, the days of the "job for life" are over, most workers may find themselves becoming new workers several times in their working career.

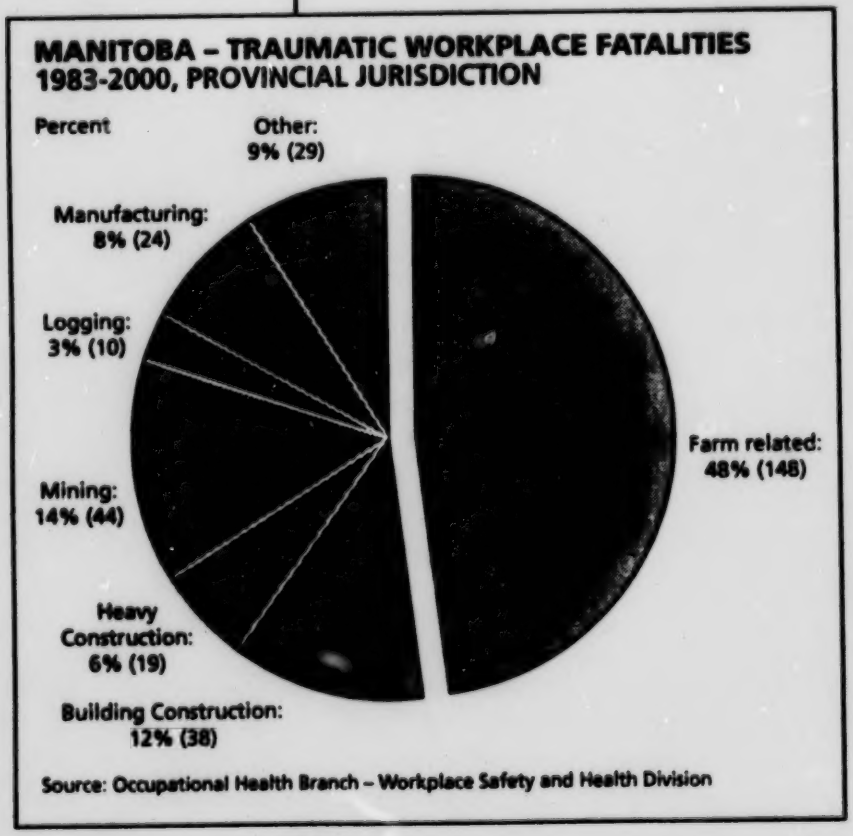
**The presence of children under seven and adults over 60 in farm fatality statistics underline the sector's dangers.**

## FARM SAFETY

Agriculture is an evolving industry with a number of unique characteristics. On family farms, the owners are often the key production workers and it is common for children and individuals who are past what is considered to be the normal age of retirement to be doing farm work. The farm is also a home and place of recreation as well as a workplace. In addition, there is a growing corporate farming sector that employs much larger workforces in industrial settings.

Agricultural occupations are very high-risk jobs. During the period 1983-2000, 48 per cent of all traumatic workplace fatalities occurred in the agricultural sector.[10] (See Figure 4.) The machinery used on farms is powerful and complex, and farm animals can be unpredictable and dangerous. Forty-four per cent of all farm fatalities were the result of either vehicle or machinery rollover or runover, and injuries involving livestock were the second major cause of injury.[11]

Figure 4




The presence of children under seven and adults over 60 in the farm fatality statistics underline the sector's unique nature and its dangers. From 1983-2000, 14 children under the age of seven died in farm accidents, 70 per cent of them in vehicle-related accidents.[12]

These disturbing trends arise from numerous

factors. The agricultural sector is excluded from a number of regulatory provisions. For example, it is exempt from mandatory *Workers Compensation Act* coverage and rollover protection for heavy equipment. The seasonal nature of the work, the challenges created by weather, and the need to accomplish tasks by specific deadlines imposed by nature, generate pressure and stress. Other issues include the lack of childcare in rural communities and the economic challenges that make it difficult for older farmers to pass their farms on to the younger generation.

These points should serve as a reminder that workplace injuries arise from a multiplicity of causes and will be addressed only through initiatives that, at first blush, may not appear to have a direct relation to workplace safety and health.

Farmers are concerned about the level of risks to which they and their family members are exposed. Some of their industry organizations have developed and distributed safety and health information to their members. The Manitoba government works through a number of departments to provide educational material on safety and health to family farms, while focussing inspection and enforcement activities on corporate farms. As this sector develops, new occupational health and disease issues will arise. This development will require ongoing training and education for both those in the industry and those charged with regulating the industry.

The provincial Department of Agriculture and Food should provide funding for the development and deployment of farm injury reduction strategies referred to in this report.

**Farmers are concerned about the level of risks to which they and their family members are exposed.**

## SUMMARY

Government statistics and the information presented to the Review Committee demonstrate the following four points:

- Manitoba has an unacceptably high workplace-injury rate
- Manitoba has an underestimated occupational illness and disease rate
- young workers are at greater risk of injury than any other age group of workers
- farm workers are at greater risk of traumatic occupational fatality than workers in other sectors of the economy

These are sufficient reasons for Manitobans to commit themselves to developing a workplace safety and health culture.

# *Public Awareness*

**Manitobans should be made aware of the risks they face in the workplace, of the costs of workplace injury, and of their rights and responsibilities.**

The creation of a provincial workplace safety and health culture, by definition, will involve the general public. Manitobans should be made aware of the risks they face in the workplace, of the costs of workplace injury, and of their rights and responsibilities. As this campaign develops, it ought to broaden its focus to integrate environmental awareness with workplace safety and health issues. The environmental focus of this campaign should be on the links between workplace activities and the environment.

A workplace safety and health public-awareness campaign must be ongoing and led by the Government of Manitoba through the Workplace Safety and Health Division and the Workers Compensation Board. It should be delivered in conjunction with a broad range of community resources and organizations, including:

- the media
- the school system
- professional associations
- workplace safety and health-related associations
- employer and labour organizations

## THE MEDIA

The Review Committee does not presume to provide instruction on how to conduct an ongoing, province-wide, public-awareness media campaign to promote a workplace safety and health culture, except to indicate that those tasked with developing such a campaign should give strong consideration to including:

**The school system should be teaching general safety and health principles, including the recognition and avoidance of hazards.**

- use of rural media to identify farm injury risks and risk reduction practices
- immigrant communities
- technologies used by young people

## THE SCHOOL SYSTEM

It is critical that students receive training in workplace safety and health issues before they enter the workforce. While technical training programs already incorporate safety and health material, and the Manitoba school curriculum identifies education in safety and health as a goal, it is clear that further effort is required.

The school system should be teaching general safety and health principles, including the recognition and avoidance of hazards. This should begin in kindergarten and continue through to the senior level to more specific topics such as workers' rights and responsibilities and the Workplace Hazardous Materials Information System (WHMIS).

Before students come into the workforce, they should have an understanding of the potential impact of their workplace activities on the environment. Emphasis should be given to regional concerns – specifically, farm-safety training should be provided in communities where farming is significant.

### *FIRST NATIONS*

Education in First Nations communities is a federal responsibility usually administered by local education authorities. The Workplace Safety and Health Division should hold discussions with Aboriginal organizations, federal authorities, and local authorities regarding the provision of workplace safety and health education in First Nations communities.

### *POST-SECONDARY STUDENTS*

Students enrolled in vocational, trades, and professional education programs should receive industry-appropriate training

and education in workplace safety, health, and environment principles and practices within those programs.

The provincial departments of Education and Advanced Education should provide funding for the development of workplace safety and health curriculum and training materials.

## Professional Associations/Workplace Safety and Health-Related Associations/Employer and Labour Organizations

Medical associations, members of the judiciary, professional associations, employer and industry associations, and labour unions are key workplace safety and health stakeholders. As such, they will serve as effective and credible vehicles for increasing awareness among workers, supervisors, employers, physicians, and other health-care professionals.

### Recommendations

***The Review Committee recommends that:***

2 **The Government of Manitoba** lead in the development and implementation of an ongoing public-awareness campaign intended to create positive workplace safety and health attitudes. The Workers Compensation Board and the Workplace Safety and Health Division should lead a broad stakeholder group in developing this plan. Success will require the leadership and strong financial support of the Government of Manitoba and others; it will also require the active participation of employers and workers, employer and labour organizations, safety and health professionals, and educators.

3 **The Workplace Safety and Health Division** and Workers Compensation Board encourage and support the network of organizations committed to preventing occupational injuries and disease.

4 **THE WORKPLACE SAFETY AND HEALTH DIVISION** and Workers Compensation Board assist in the establishment of new, industry-based, safety and health associations to provide safety and health education, consultation, and advice to employers and employees.

5 **THE WORKPLACE SAFETY AND HEALTH DIVISION** and the Workers Compensation Board assist the Department of Education, Training, and Youth to develop workplace safety and health resource materials for teachers and students from kindergarten to Senior 4.

6 **THE WORKPLACE SAFETY AND HEALTH DIVISION** and the Workers Compensation Board assist the Department of Education, Training, and Youth to ensure that provincial curriculum addresses workplace safety and health issues from kindergarten to Senior 4.

7 **THE WORKPLACE SAFETY AND HEALTH DIVISION**, the Workers Compensation Board, the Department of Education, Training, and Youth, and the Council on Post-Secondary Education work together to ensure that appropriate workplace safety, health, and environment education is provided in post-secondary educational institutions to vocational, technical, and professional students.

8 **THE APPRENTICESHIP BRANCH** work with the Workplace Safety and Health Division to ensure that instruction in safe work practices is adequate, and that apprentices are provided with general safety and health education in their rights and responsibilities, and in the fundamentals of hazard control.

9 **THE PROVINCIAL DEPARTMENTS OF EDUCATION, TRAINING, AND YOUTH** and Advanced Education provide funding for the development of workplace safety and health curriculum and training materials.

# *Training*

**The importance of training is obvious: it is a tool by which one develops a safety and health culture in the workplace.**

Workplace safety and health training is provided in Manitoba by employers and trade associations, unions and labour federations, private trainers, and the public sector. The training can focus on specific matters such as how each worker can perform his or her job safely and appropriately, to hazard-awareness training, to education that focusses on rights and responsibilities of workers, supervisors, and employers under the *Workplace Safety and Health Act*. In some workplaces, training also has a specific focus on environmental protection.

The importance of training is obvious: it is a tool by which one develops a safety and health culture in the workplace. This training protects the worker and the environment. In Manitoba, there is currently no specific, legal requirement for employers to provide new workers with a mandatory workplace orientation and training that enables them to understand and use good safety and health practices, and that ensures they are able to do their jobs.

Many employers do provide a more than adequate level of training. Investigations into the deaths of young workers, however, underline the need to make this a legislative requirement. In addition, new workers need close supervision until they have demonstrated they are able to do their job safely.

### *DIVISION TRAINING*

The Workplace Safety and Health Division currently provides both job- or industry-specific training, and general safety and health training. The Workplace Safety and Health Division should continue to deliver general safety and health training. It should concentrate on roles and responsibilities under the Act, Joint Safety and Health Committee training, and the Workplace Hazardous Materials Information System.

**Training must be geared to student needs and abilities.**

It should also offer safety and health training for supervisors. Job- or industry-specific safety training, however, should be left to employer safety associations, unions, and other agencies, which are better positioned to provide it.

At the same time that the Division refocusses its training priorities, it should expand opportunities in rural and northern Manitoba. The Division should not withdraw from work-specific training without first ensuring that qualified external instructors are available.

Finally, the Workplace Safety and Health Division should ensure that its own staff has the requisite training to perform their tasks effectively and in an informed manner. Since enhanced enforcement is an element in the strategy to develop a workplace safety and health culture, it is important that Safety and Health Officers be knowledgeable about workplace hazards, effective risk management, and the proper application of the *Workplace Safety and Health Act* and regulations.

### *New workers*

Training must be geared to student needs and abilities. This is particularly important for new workers and immigrant workers. The Manitoba government should support the training of workplace safety and health instructors to deliver workplace-related training in languages other than English or French, in instances where required.

### Recommendations

***The Review Committee recommends that:***

10 **Employers provide new workers** with the necessary orientation and training to ensure that they understand and follow good safety and health practices that are environmentally sound.

11 **The Workplace Safety and Health Division** and Workers Compensation Board encourage the development of industry-specific, environmentally sound, safety and health training by industry associations, employers, unions, and private consultants.

12 **The Workplace Safety and Health Division** develop training programs in safety and health issues that are targetted for supervisory staff.

13 **The Workplace Safety and Health Division** train external trainers to deliver Division training programs where demand warrants.

14 **The Workplace Safety and Health Division** deliver more training in rural and northern Manitoba.

15 **The Workplace Safety and Health Division** and the Workers Compensation Board, together with other stakeholders, develop and make available to the public an inventory of available safety and health training programs and trainers.

16 **The Workplace Safety and Health Division** work with the Department of Agriculture and Food, and industry and community groups to:

1) prevent illness and injuries on the farm by coordinating the development of education, training, and support materials
2) deliver environmentally sound farm-safety programs and training

17 **The Workplace Safety and Health Division** provide sufficient training opportunities for Safety and Health Officers to be knowledgeable about workplace practices, hazards, effective risk-management strategies, and the proper application of the *Workplace Safety and Health Act* and regulations.

18 **The Workplace Safety and Health Division** meet periodically with Manitoba workplace safety and health organizations to identify trends, share information, and plan joint prevention initiatives.

19 **The Workplace Safety and Health Division's** annual report contain a description of the workplace safety and health training programs provided in the previous year.

# Prevention Measures

**Prevention is most effective in those workplaces that have developed clear and comprehensive, environmentally friendly, workplace safety and health programs.**

Prevention measures are those protocols, regulations, and rules of behaviour that, when properly applied, prevent injuries and illness. Movement towards the creation of an environmentally sound safety and health culture will depend on the effective use of those preventive measures that are developed within workplaces and industry sectors, and on those measures that are developed by government and serve as minimum standards across the province. These can be expressed as legislation or regulation.

Workplace injury and illness prevention is most effective in those workplaces that have developed clear and comprehensive, environmentally friendly, workplace safety and health programs. Senior executives, managers, and supervisors in those workplaces provide safety and health leadership and recognize the link between workplace issues and the environment.

In these situations, supervisors and workers are trained to understand and use sound safety and health practices and are competent to do their jobs safely. Workers are accountable for complying with good safety and health practices. A system is also in place to ensure that any contractors, sub-contractors, or suppliers comply with good safety and health practices.

## SAFETY AND HEALTH PROGRAMS

Safety and health programs have proven to be necessary and effective vehicles for building the workplace safety and health culture we seek, and in preventing injuries and disease. Such programs play an important role in environmental protection.

A Workplace Safety and Health Program is a written plan of action, designed for a specific workplace. It sets out the steps and measures needed to prevent occupational injuries and disease. Given the needs of a specific workplace, it may be necessary for the

program to exceed the minimum requirements of the Act and regulations.

It is important that health-related issues are addressed as a part of these programs. In a number of cases industries are also expanding these programs to include environmental issues; the Review Committee encourages this development and recommends that government and employers consider the inclusion of environmental issues in future safety and health programs.

The elements of a program should include:

- a policy statement of the employer's commitment to safety, health, and, where appropriate, environment
- a system to identify hazards, assess the risks, and eliminate or control the hazards (including physical, chemical and biological hazards)
- a plan to respond to safety, health, and environmental emergencies
- a clear assignment of safety, health, and environment responsibilities of employers, supervisors, and workers, including joint committees where applicable
- development of educational programs and a training plan for workers and supervisors
- an inspection schedule
- a procedure for investigating accidents, injuries, and work refusals (these are often referred to as internal investigations)
- a plan for worker participation in safety and health activities, including inspections, audits, and internal investigations
- arrangements to manage the safety, health, and environmental responsibilities of contractors, sub-contractors, and their workers

**Safety and health programs have proven to be necessary and effective vehicles for building the workplace safety and health culture we seek.**

**Industrialized societies are still only beginning to grapple with the extent of occupational illness and disease.**

- the maintenance of records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the joint workplace safety and health committee or worker safety and health representative

- periodic review of safety and health activities and incident trends for the determination of necessary courses of action

- review and verification of safety, health, and environment programs, practices, and protocols

### *Certificates of recognition*

The construction industry operates a safety, health, and environment program for all industry employers and employees. Developed in consultation with the Workplace Safety and Health Division and the Workers Compensation Board, the program is funded by industry through a surcharge on its WCB-assessed premiums. Certificates of Recognition (COR) are issued upon the successful completion of a third-party audit that determines whether the workplace safety, health, and environment program has been implemented and meets or exceeds legislative or regulatory requirements.

COR certification is reciprocally recognized across Canada. Audited safety, health, and environment programs provided by industry associations are an essential element in the development of a workplace safety and health culture and deserve further encouragement. In 2000 the Workers Compensation Board discontinued a one-time, 10 per cent reduction on Workers Compensation Board premiums to firms that had achieved COR status. Consideration should be given to reintroducing a similar program.

### *Agriculture*

The Manitoba government must also work with the agricultural community to ensure that appropriate farm safety and health

programs are developed. A self-directed manual outlining the basic requirements for a farm safety and health program will greatly help this process.

### *Impairment*

The fact that employees in certain jobs may place themselves or others at risk of serious harm if their judgement is impaired by alcohol or drugs has raised the prospect of the use of drug and alcohol testing as an injury-prevention measure. Impairment may be the result of a variety of other causes, including prescription drugs, sleep deprivation, and over-the-counter medication. This issue requires immediate study.

## Government prevention measures

### *Regulation*

Regulations supplement the *Workplace Safety and Health Act*'s general legal framework for workplace safety and health. Effective regulations are comprehensive, easily understood, and offer clear direction. They provide sufficient detail while avoiding the creation of an unwieldy and overly prescriptive regulatory regime. Consultation with employers, labour, and technical experts in the development of regulations should be undertaken to ensure that Manitoba's regulations achieve this balance.

Comprehensive regulations ought to be balanced with a measure of administrative discretion. Under extraordinary circumstances, the Workplace Safety and Health Division Director should have the authority to grant exemptions from regulations where safety and health are not jeopardized.

### *Occupational health*

Industrialized societies are still only beginning to grapple with the extent of occupational illness and disease. Further effort is required in diagnosing such illnesses, identifying the occupational

**It is important that both the Workplace Safety and Health Division and the Workers Compensation Board receive timely notice of any diagnosis of a work-related illness or disease.**

**Workers should be informed of the risks to which they are exposed.**

link between work and health, and developing effective prevention measures. Even less is known about the full impact of industry on the health of the broader community and environment.

Steps should be taken to increase employer, worker, and physician awareness of the complex roots of occupational disease and illness. For example:

- employers should know the potential dangers of the products and processes they use in production, and provide instruction and training in their use, handling, and disposal
- physicians should be taking work histories
- workers should be informed of the risks to which they are exposed and encouraged to keep track of the substances to which they are exposed

### *SENTINEL EVENTS*

Because substances that make one worker ill may also affect the health of co-workers, occupational illnesses and diseases often occur in clusters. (A cluster refers to the presence of more than one case of a specific work-related illness in a workplace.) For this reason it is important that both the Workplace Safety and Health Division and the Workers Compensation Board receive timely notice of any diagnosis of a work-related illness or disease.

Such a diagnosis can then be treated as a sentinel or warning event. Once the Workplace Safety and Health Division and the Workers Compensation Board are made aware of such events, they should conduct appropriate investigations to determine if other workers are at risk.

Once hazardous substances or processes have been identified, a number of approaches can be employed. In descending order of effectiveness and desirability, these are:

- ceasing to make use of the substance or the process (usually by adopting a less harmful substance or process)

- making use of engineering controls (such as ventilation to minimize exposure) or administrative controls (such as policies, procedures, protocols)
- providing workers with access to effective and appropriate personal protective equipment, and training in using such equipment

A number of other, specific, occupational health issues were identified by the Review Committee as requiring action. These were:

- violence in the workplace
- conflict and harassment in the workplace
- exposure of workers to second-hand smoke
- exposure of pregnant and nursing women to substances that present a health risk

**Exposure to second-hand smoke is a serious health hazard under any circumstances.**

### *VIOLENCE, CONFLICT, AND HARASSMENT*

Workplace violence, conflict, and harassment can take many forms and it is obvious that workers in certain industries and certain jobs are at elevated levels of risk. Appropriate measures need to be taken to determine risk levels and develop policies and procedures to protect workers.

### *SECOND-HAND SMOKE*

Exposure to second-hand smoke is a serious health hazard under any circumstances. It is an occupational health hazard if workers are exposed to second-hand smoke during the course of their working day. Workplaces will have to grapple with this issue in coming years as they address the needs of their workers and their clients.

**The growing number of workplace-related musculo-skeletal injuries has focussed increased attention on the science of ergonomics.**

### *Pregnancy*

We face a number of challenges to overcome in protecting the health of foetuses, nursing infants, and pregnant women. Exposure levels for potentially dangerous substances are set at a level to protect adult workers. On occasion, exposures to substances at levels that would be safe for a worker can create a health hazard for a foetus or an infant that is being breast-fed by a woman who is exposed to the substance. In addition, in every pregnancy there will be a period of time between conception and the confirmation of pregnancy during which the foetus could be exposed to workplace-related hazards.

Where the risk is clearly identified, efforts should be made to protect and accommodate those who are risk. While many employers and medical professionals are aware of the dangers that workplace substances present during and after pregnancy, many others may not have this level of awareness. The educational efforts recommended in this report should include improvements in worker, employer, and medical-practitioner understanding of this issue.

### *Ergonomics*

The growing number of workplace-related musculo-skeletal injuries has focussed increased attention on the science of ergonomics, which is the study of the overall relationship between people and their work environment. The Minister's discussion paper asked if ergonomics ought to be addressed through workplace safety and health regulation.

The Advisory Council on Workplace Safety and Health considered a draft ergonomics regulation, which was shared with the Minister. The Advisory Council recommended that the draft regulation be the subject of a separate consultation from the Workplace Safety and Health Review.

Due to the complexity of this issue, the Review Committee is recommending that consultations with the public be held to further examine a proposed ergonomics regulation.

## Review of the Act and its Administration

The *Workplace Safety and Health Act* was enacted in 1977 and since then has not undergone a comprehensive review. The Act and its administration should be subjected to a regular review to ensure that it continues to be effective and current. Employers, labour, and safety and health professionals should all be consulted in the course of those reviews.

### Recommendations

***The Review Committee recommends that:***

*Safety and health programs*

20 **Formal safety and health** (and, where appropriate, environment) programs be developed and implemented in Manitoba workplaces.

21 **The elements of a safety and health** (and, where appropriate, environment) program whose objective is the prevention of workplace injury and illness be identified in a regulation.

22 **Effective in 2005, public-** and private-sector purchasers of construction services require bidders on contracts exceeding $250,000 to have appropriate industry association Certificate of Recognition accreditation or equivalents.

23 **The Workers Compensation Board**, through its rate structure, offer economic incentives to firms that acquire industry association Certificate of Recognition accreditation or equivalents for effective implementation of a workplace safety, health, and environment program.

24 **The Workplace Safety and Health Division**, Department of Agriculture and Food and other stakeholders work cooperatively to develop a farm safety and health program guideline, and work with industry to promote its use.

25 **The Workplace Safety and Health Division** and Department of Agriculture and Food cooperate in the development of a comprehensive child farm-safety and health program.

26 **The provincial Department of Agriculture and Food** provide funding for the development and implementation of appropriate farm safety, health, and environment strategies referred to in this report.

27 **In extraordinary circumstances,** the Director of the Workplace Safety and Health Division have the authority to grant exemptions to regulations. Exemptions should only be provided if the exemption does not jeopardize safety and health, and following consultation with the affected persons.

28 **The issue of workplace impairment** be referred to the Advisory Council on Workplace Safety and Health for immediate study and recommendation.

*Occupational health*

29 **The Chief Occupational Medical Officer** and the Workers Compensation Board take the following steps to improve the reporting, diagnosis, and investigation of occupational illness:

1) The Chief Occupational Medical Officer and the Workers Compensation Board work with the medical community to improve reporting of occupational illness to the Board and the Chief Occupational Medical Officer.
2) Reports of occupational illness received by the Workers Compensation Board be shared with the Chief Occupational Medical Officer as soon as possible.
3) These agencies treat reports of occupational illness as sentinel or warning events and conduct appropriate investigations.

30 **The Workplace Health Hazard Regulation** be updated to give clear direction in the regulation of dangerous substances. The

regulation should direct employers using dangerous substances to employ the following hierarchy of strategies to control these health hazards:

1) substitution with less harmful substances
2) engineering or administrative controls
3) personal protective equipment

31 **The Chief Occupational Medical Officer,** in conjunction with the Workers Compensation Board and Occupational Health practitioners, work with the College of Family Physicians to improve continuing medical education in occupational health matters for family physicians.

32 **The Regulatory Occupational Exposure Limits** be updated and based upon the current recommendations of the American Conference of Governmental Industrial Hygienists.

33 **A regulation be developed** whose objective is the prevention of violence, harassment, and conflict in the workplace.

34 **Steps be taken to ensure that workers** are not exposed to second-hand/environmental tobacco smoke in the workplace, and that the government consult stakeholders (for example, the hospitality and entertainment industry) on this matter and then proceed to develop a strategy and action plan for implementation of this recommendation.

35 **A pregnant or nursing worker,** who furnishes to her employer a certificate from a qualified medical practitioner attesting that her working conditions may be dangerous to her unborn child or herself, or the child she is breast-feeding, may request accommodation or reassignment to other duties that she is reasonably capable of performing involving no such risk. The employer shall, upon the receipt of such a request:

1) where reasonably practicable, take steps to minimize the exposure of the worker to the substance;

2) on the worker's request, assign the worker to less hazardous alternate work if that work is available.

36 **Consultations with the public** be conducted to review ergonomics in the workplace, including the feasibility of the draft ergonomics regulation which has been considered by the Advisory Council on Workplace Safety and Health. The process should involve organizations representing workers, employers, technical and professional bodies.

*Review of the Act and its administration*

37 **The *Workplace Safety and Health Act*** and its administration be reviewed every five years in consultation with employers, labour, safety and health organizations, and other interested organizations.

# *Responsibility*

Workplace safety and health in Manitoba is regulated by two separate but connected responsibility systems, referred to as the Internal Responsibility System and the External Responsibility System.

## The internal responsibility system

The internal responsibility system is based on the principle that the responsibility for creating and maintaining a healthy and safe workplace falls on every person in the workplace (hence the name "internal"), to the degree that they have the authority and ability to do so.

### *Committees and representatives*

Key elements in the monitoring of this system are the Joint Workplace Safety and Health Committees and Worker Safety and Health Representatives. Other than on construction sites, which are governed by industry-specific provisions, committees are required in workplaces with more than 20 workers. Representatives are required in workplaces with 10-19 workers and on all construction sites. Committees are also required on certain large construction sites that are designated in the Act.

The committees are comprised of an equal number of worker and management representatives, and meet on a regular basis to discuss and recommend on workplace safety and health issues. They are important vehicles for worker participation in the discussion and deliberation of workplace safety and health issues. The committees can make non-binding recommendations to employers.

**The committees are important vehicles for worker participation in the discussion and deliberation of workplace safety and health issues.**

**Joint Workplace Safety and Health Committees appear to be functioning well in many workplaces where both the employer and employees commit to the process.**

### MONITORING

The Joint Workplace Safety and Health Committees and Worker Representatives play an important role as internal monitors in successful workplace safety and health management systems. They provide an avenue for bringing workplace safety and health issues into the open, and focussing attention on them until they are resolved. They are also an important link to the external monitors – government Safety and Health Officers.

### COMMITTEE TRAINING

Training is vital to the effectiveness of Joint Workplace Safety and Health Committees and Worker Representatives. Under the *Workplace Safety and Health Act*, committee members and worker representatives may receive up to 16 hours of training annually without loss of pay or benefits.

Joint Workplace Safety and Health Committees appear to be functioning well in many Manitoba workplaces where both the employer, including senior management, and employees commit to the process. In these workplaces, committee members have been adequately trained and are given sufficient time to conduct committee business during working hours.

They also conduct regular inspections of the workplace, and participate in internal investigations of injuries and incidents, and in hygiene monitoring. Safety and Health Officers regularly contact worker co-chairs of the Joint Safety and Health Committee when they are on the premises. In these workplaces, committee recommendations are acted on promptly. Committees function most effectively when all members attend, participate, and take their duties and responsibilities seriously.

The Review Committee identified the need for:

- providing more Joint Workplace Safety and Health Committee member training
- ensuring that Joint Workplace Safety and Health Committee members do not lose pay for participating in committee work

- providing for the involvement of Joint Workplace Safety and Health Committee worker members or Worker Representatives in resolving disputes that arise when a worker exercises the right to refuse unsafe work

- providing in some sectors where there is an identified need, a mechanism of worker participation in joint health and safety deliberations in multi-site workplaces where there are more than 20 workers

**Committee minutes provide the Division with a window on the workplace.**

### *COMMITTEE MINUTES*

Joint Workplace Safety and Health Committee minutes provide the Division with a window on the workplace and the effectiveness of the committee. They also provide the Division with information on emerging problems and trends. While many committees currently file minutes with the Workplace Safety and Health Division, not all committees are doing so; therefore, there is a need for a legislative requirement to file minutes.

### *RESPONDING TO COMMITTEE RECOMMENDATIONS*

The recommendations that Joint Workplace Safety and Health Committees make to management are advisory in nature. The Review Committee believes that the committee system works best when there is a clear obligation for management to respond, in a timely manner, to Joint Workplace Safety and Health Committee recommendations.

### *CONTRACTORS, OWNERS OF PREMISES, AND SUPPLIERS*

Manitoba's safety and health legislation assigns general duties to workplace parties to take reasonably practicable precautions to prevent injury or disease. An important consideration for assigning duties under the internal responsibility system is control. The more authority individuals have, the more they are responsible for maintaining a healthy and safe workplace.

In some cases, however, workplace hazards are not under the control of employers, supervisors, and workers. They may fall under

**Young workers and new workers may be particularly susceptible.**

the control of contractors, owners of premises in which a workplace is located, or suppliers. The current *Workplace Safety and Health Act* does not fully set out the general workplace safety and health duties of contractors, owners of premises, and suppliers. As is the case in other jurisdictions, this matter needs to be addressed to allow safety and health concerns to be dealt with in a timely fashion.*

### *INTERVENTION*

Under the Internal Responsibility System, workers as well as employers and supervisors are expected to take reasonable and practical precautions to prevent occupational injury or illness.

However, some workers may not fully appreciate the risk to which they expose themselves or others through unsafe work practices. Young workers and new workers may be particularly susceptible, because they lack the training and experience, or may be unwilling to invite attention to themselves by exercising their legal right to refuse dangerous work.

A properly functioning system of internal responsibility recognizes the expectation of worker intervention, where there are reasonable grounds, in instances of immediate harm or injury. Workers should feel free to intervene in such situations and/or to involve a joint committee member(s) without fear of discriminatory discipline or other forms of sanction.

## EXTERNAL RESPONSIBILITY

The external responsibility system is the monitoring and enforcement of government legislation by the Workplace Safety and Health Division.

### *FOCUSSED ENFORCEMENT*

The Workplace Safety and Health Division has identified a limited number of companies with poor time-loss claim statistics.

* This matter is addressed by legislation in British Columbia, Saskatchewan, and Ontario

Along with the Workers Compensation Board, the Division should continue its focussed enforcement approach in this area. This approach includes visits to the senior management of these companies, identification of training resources which can assist in remedying deficiencies, and the proposal of potential solutions to workplace health and safety problems. This approach should not prevent the Division from fulfilling its duty to conduct routine inspections in other workplaces.

**The external responsibility system is the monitoring and enforcement of government legislation.**

*THE GOVERNMENT AS EMPLOYER*

It is important that in its capacity as employer, the Manitoba government play a leadership role by complying with safety, health, and environment requirements. Failure to do so would undermine efforts to build an environmentally friendly workplace safety and health culture.

*NON-COMPLIANCE WITH IMPROVEMENT ORDERS*

Safety and Health Officers have the authority to issue stop work orders when they identify a serious risk arising from a workplace safety hazard or non-compliance with the Act or regulations. These orders direct that work must be ceased until the terms of the order have been complied with. A stop work order continues in effect until the Workplace Safety and Health Division Director or the Manitoba Labour Board lifts it.

Safety and Health Officers can also issue an improvement order, which may specify the manner and time-frame within which a contravention of the *Workplace Safety and Health Act* must be addressed.

These orders may also be appealed to the Workplace Safety and Health Division Director and, finally, to the Manitoba Labour Board.

If a Labour Board decision is registered with the Court of Queen's Bench, it may be enforced as though it were a judgement of that court. If an improvement order is not complied with, the

Division can lay charges under the *Workplace Safety and Health Act*. Short of prosecution, there is no timely or effective process to assure compliance with improvement orders.

The Review Committee has considered a number of alternatives to address this problem. These include:

a. Suspension of Work Orders: These could be provided for in the Act. These orders would allow the Safety and Health Officer to cause cessation of all or a portion of workplace operations in the event of non-compliance with an improvement order. This order could continue in effect, pending completion of remedial work identified in the improvement order or the laying of a charge. The suspension of work order could be lifted by a Safety and Health Officer. The suspension of work orders could be appealed in the same manner as stop work or improvement orders.

b. Administrative Penalties: The Workplace Safety and Health Division could levy an administrative penalty in those instances where an employer fails to comply with an improvement order. The monetary value of the penalty could be based upon a number of elements, including payroll, risk, and past record. Administrative penalties could be appealed in the same manner as stop work or improvement orders.

c. Alternate Measures Agreement: These could be entered into by the employer and the Workplace Safety and Health Division in the event of non-compliance with an improvement order. The agreement would oblige an employer to commit to a certain course of action to remedy the breach or contravention. If the agreement was not complied with, a suspension of work or stop work order could be issued. In the event of prosecution for non-compliance, the existence of the Alternate Measures Agreement could be taken into account by the judge in sentencing.

d. Public Reporting: In the event of chronic non-compliance with improvement work orders or Alternate Measure Agreements, the Workplace Safety and Health Division could report offending companies to the appropriate industry safety association(s), who could then exert peer pressure on the particular company. As a final resort, names of the offending companies could be published.

**The courts are an independent extension of the external responsibility system.**

### *THE COURTS*

The courts are an independent extension of the external responsibility system. Through their decisions they have a significant influence on the province's workplace safety and health culture. The Review Committee supports measures that enable judges to use alternative sentencing provisions, such as directing fines towards safety and health promotion and education, or ordering an offender to perform community service.

### *DISCIPLINARY ACTION*

The *Workplace Safety and Health Act* prohibits employers from taking disciplinary action against workers for their involvement in workplace safety and health activity. Workers currently must take complaints of such disciplinary action to the Manitoba Labour Board. This process does not allow for a timely resolution of such a complaint.

### *APPEALS*

The *Workplace Safety and Health Act* contains a number of different appeal provisions. In some cases, there are three-day time limits for appeals; in other cases, seven-day and 14-day limits; and, in some cases, there are no time limits. In some instances, the decisions of Safety and Health Officers can be appealed to the Workplace Safety and Health Division Director, while in others they can be appealed to the Manitoba Labour Board. A clearer approach would have one route of appeal of all Safety and Health Officer decisions and one set of deadlines.

**Inquests need to be part of a prevention strategy.**

*INQUESTS*

Inquests need to be part of a prevention strategy. One of the main purposes of an inquest is to recommend which steps are necessary to prevent similar deaths. Where a traumatic work-related fatality has occurred as the result of the performance of workplace responsibilities, an inquest should be held to determine lessons learned and to help prevent a similar death. These inquests should be convened in a timely fashion, with the immediate family being fully informed throughout the process.

*JURISDICTION*

A number of serious jurisdictional issues need to be resolved:

- There currently exists some uncertainty as to whether the federal or provincial government is responsible for regulating workplace safety and health in such sectors as fishing and aviation.

- A different problem arises for the community of Flin Flon, which straddles provincial borders. In this community, the application of both Saskatchewan and Manitoba safety and health law creates uncertainty and confusion.

In Canada, jurisdictional negotiations are notoriously long-lived, however, where safety and health is concerned, it is essential that steps be taken to resolve these matters expeditiously.

## RECOMMENDATIONS

***The Review Committee recommends that:***

*THE INTERNAL RESPONSIBILITY SYSTEM*

38 JOINT WORKPLACE SAFETY AND HEALTH COMMITTEES:

1) participate in regular workplace inspections conducted by the employer
2) participate in internal investigations of workplace accidents, injuries, and incidents

3) conduct an annual assessment of the safety and health program in their workplace. The Workplace Safety and Health Division should develop and distribute an appropriate assessment tool to assist committees in this task.

39 JOINT WORKPLACE SAFETY AND HEALTH COMMITTEE worker co-chairpersons have a role to play in the resolution of work refusals. If a worker is unable to resolve a work refusal with his or her supervisor, the worker co-chairperson (or designate) should participate in the investigation of the refusal and assist in efforts to resolve it. If the work refusal cannot be resolved at that stage, a Safety and Health Officer should be notified.

40 EMPLOYERS RESPOND to Joint Workplace Safety and Health Committee recommendations in a timely manner. Within 30 days of receipt of a recommendation from the committee, the employer should:

1) implement the recommendation, or
2) agree to implement the recommendation and provide a plan for implementation, or
3) provide a written plan for an alternative approach to addressing the recommendation, or
4) provide written reasons for not implementing the plan or taking any other action

If the matter cannot be resolved internally, it could then be referred to a Safety and Health Officer for resolution.

41 REASONABLE EFFORTS MUST BE MADE to conduct Joint Workplace Safety and Health Committee activities so that committee members do not lose pay and benefits for their duties related to committee business.

42 REGARDLESS OF HOURS OF WORK OR SHIFT scheduling, committee members not suffer a loss of pay or benefits for participating in safety and health training provided for under the Act.

43 **IN SECTORS WHERE THERE** is a demonstrated need, and after consultation with their employees, multi-site employers with an aggregate of 20 or more employees be required to develop a plan to provide for their workers' safety and health that is acceptable to the Workplace Safety and Health Division.

44 **JOINT WORKPLACE SAFETY AND HEALTH COMMITTEES** be required to file committee minutes with the Workplace Safety and Health Division.

45 **SAFETY AND HEALTH OFFICERS** have the worker co-chairperson or designate accompany them on inspections of the workplace.

46 **JOINT WORKPLACE SAFETY AND HEALTH COMMITTEES** be provided with a copy of a report on the outcome of inspections, audits, investigations, and monitoring done by Safety and Health Officers, or by the employer.

47 **THE SAFETY AND HEALTH OBLIGATIONS** of contractors, owners of premises, and suppliers be clarified. Specifically:

1) Contractors and sub-contractors should be assigned responsibility for managing risks that are under their control, and for maintaining an effective safety and health management system. Contractors and sub-contractors should also be required to comply with the safety and health requirements of the employer at that workplace.
2) Owners of the premises in which a workplace is located should be responsible to ensure the premises are safe for matters under their direct control.
3) Suppliers should be required to ensure equipment is in good condition and complies with the Act and regulations when used in accordance with the instructions provided by the supplier.

48 **LEGISLATIVE PROTECTION FROM DISCIPLINE** include those workers and/or Joint Workplace Safety and Health Committee member(s) who,

with reasonable grounds, intervene to prevent immediate harm or injury to any person in the workplace.

## The external responsibility system

49 **The Workplace Safety and Health Division** continue with focussed enforcement, concentrating on a limited number of companies with poor time-loss claim statistics. This approach should not prevent the Division from fulfilling its duty to conduct routine inspections in other workplaces.

50 **Steps be taken to address** non-compliance with improvement orders.

51 **Alternative sentencing provisions** be put in place, enabling judges to order that financial penalties be directed to workplace safety and health promotion, education, and training programs.

52 **Safety and Health Officers** be enabled to investigate and offer resolution to worker complaints of disciplinary action for workplace safety and health activity, subject to appeal to the Workplace Safety and Health Division Director and ultimately to the Labour Board.

53 **The current process for the appeal** of the decisions of Safety and Health Officers be replaced with a single, uniform process. Any person directly affected by a Safety and Health Officer's decision should have the right of appeal to the Director of the Workplace Safety and Health Division within 14 days of the communication of the decision. The Director's decision is appealable to the Labour Board within 14 days. All appeal decisions should be issued in writing and provide reasons.

54 **Inquests be held into the circumstances** surrounding traumatic workplace fatalities. These inquests should be convened in a

timely fashion, with the family being fully informed throughout the process.

55 **The federal and provincial governments** resolve jurisdictional issues related to responsibility for matters such as safety and health in commercial fishing, pilot safety, and safety and health on First Nations reserves. Agreements to resolve such jurisdictional issues should take into account which jurisdiction is best able to fulfil the necessary enforcement responsibilities.

56 **Manitoba and Saskatchewan** resolve the jurisdictional issues for safety and health in Flin Flon by ensuring that the provisions of the Manitoba *Workplace Safety and Health Act* cover the entire City of Flin Flon.

# Relationships

**The Workplace Safety and Health Division and the Workers Compensation Board should develop a formalized joint planning process.**

### THE WORKPLACE SAFETY AND HEALTH DIVISION AND THE WORKERS COMPENSATION BOARD OF MANITOBA

As the recommendations in this report demonstrate, both the Workplace Safety and Health Division and the Workers Compensation Board need to be actively involved in the creation of a workplace safety and health culture in Manitoba, and in longer term efforts to integrate environmental issues into this emerging set of cultural attitudes. The allocation of resources and responsibilities between the two agencies must support whatever strategy is put in place to implement these recommendations.

The need for cooperation between these two agencies on such a wide range of issues (raising public awareness, tracking industrial illness, developing uniform reporting systems) underlines the broader question of the links between prevention and compensation.

The Workplace Safety and Health Division is mandated to undertake prevention activities in the province. At the same time, the WCB has identified injury prevention as one of its strategic priorities. Currently the two agencies are separate. The Workplace Safety and Health Division is a part of the Department of Labour, and receives its funding from the WCB. In some jurisdictions, the functions of the Workplace Safety and Health Division and the Workers Compensation Board are handled by a single agency. A number of presenters suggested that similar steps be considered in Manitoba.

At this point, efforts should concentrate on developing a formalized joint planning process between the two agencies to allow for the more effective use of resources and to prevent unnecessary duplication.

### *Other Relationships*

The Workplace Safety and Health Division and Workers Compensation Board are not the only organizations in this field whose relationships could be strengthened. The relationship among employers, labour, medical organizations, safety organizations, rehabilitation organizations, and the schools – to provide only a partial listing – could be also strengthened. Consideration should be given to regular safety, health, and environment summits that would bring these partners together. Strengthening and deepening these relationships is a central element in developing a workplace safety and health culture.

## Recommendations

***The Review Committee recommends that:***

57 The Workplace Safety and Health Division and the Workers Compensation Board develop a formalized joint planning process, including budget and personnel, to allow for the more effective use of prevention resources and to prevent unnecessary duplication.

58 the Workers Compensation Board and the Workplace Safety and Health Division co-ordinate regular safety, health, and environment summits.

# *Measuring our progress*

**The Review Committee is recommending that the five-year target be a 25 per cent reduction in the 2000 time-loss injury rate.**

How do we measure our progress in developing a strong environmentally sound, workplace safety and health culture?

There already are many workplaces that have such a culture. In these workplaces, safety, health, and often the environment have been identified as a priority, and are placed on the same footing as production and cost control. A systematic approach is taken to identifying and controlling workplace hazards. Joint Workplace Safety and Health Committees are supported and workers are encouraged to participate in safety and health management.

This culture grows out of a well-functioning system of internal responsibility, combined with senior management's commitment and leadership. Managers, supervisors, and workers all understand they are personally responsible for preventing occupational injuries and disease, to the extent they have the authority and ability to do so. Formal safety, health, and, where appropriate, environment programs have also been implemented to guide their prevention efforts.

Such a culture also exists in many smaller workplaces and family farms across the province. But it is not possible to measure attitudes and understanding, respect, or degrees of worker participation.

### *SETTING A GOAL*

The Workers Compensation Board measure of the number of time-loss injuries per 100 workers that are covered by the Compensation Board is a reasonably effective benchmark. As Figure 5 indicates, this number has fluctuated between 5.3 and 5.7 time-loss injuries for the past seven years.

The Minister's discussion paper recommended that the appropriate goal of an injury prevention strategy would be a 15 per

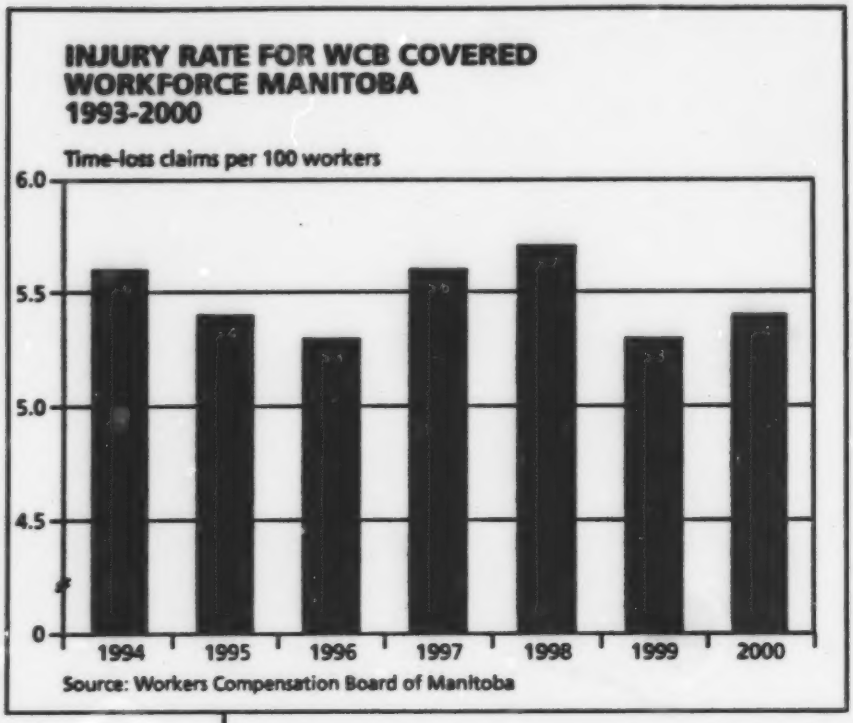



Figure 5

cent reduction in the time-loss injury rate over four years. The public was asked to comment on whether this was the right target. Presenters made it clear that they favoured a higher target and some suggested that a 100 per cent reduction was the only acceptable target.

The WCB time-loss rate, like all measures, is subject to criticism. Two of the most obvious are that not all workers in Manitoba are covered by the WCB's jurisdiction, and there are many occupational illnesses and diseases that are not compensated. However, there is no disputing the fact that a decrease in the time-loss rate would represent a very real and measurable reduction in human suffering. It is far preferable for the Workplace Safety and Health Division and the Workers Compensation Board to devote their energy and resources towards meeting that goal than to developing more sophisticated measures-which themselves would be open for further criticism.

### *UNIFORM MEASURES*

Furthermore, to reduce confusion and to provide for greater ease in comparisons, the Workplace Safety and Health Division should make use of the WCB methodology for calculating time-loss injuries. The Workplace Safety and Health Division and the Workers Compensation Board should continue to work with the Association of Workers Compensation Boards of Canada and the Canadian

Association of Administrators of Labour Legislation to develop a common methodology for measuring injuries. In the process the Board and Division should seek the input of Manitoba stakeholders.

## Recommendations

***The Review Committee recommends that:***

59 **The Workplace Safety and Health Division** use the Workers Compensation Board methodology for calculating time-loss injuries.

60 **Statistics on workplace safety and health** time-loss injury rates be regularly published and be made readily available to all stakeholders.

61 **The Workplace Safety and Health Division** and the Workers Compensation Board continue to work with the Association of Workers Compensation Boards of Canada and the Canadian Association of Administrators of Labour Legislation to develop a common methodology for measuring injuries. In the process, the Board and Division should seek the input of Manitoba stakeholders.

### *The right target*

A target is important. It indicates that all stakeholders are prepared to be held accountable for the progress that Manitoba society makes in developing a safety and health culture. While a 100 per cent reduction is indeed the only acceptable long-term goal, it is unrealistic to believe that it could be reached within the immediate future, if at all.

The Review Committee is recommending that the five-year target be a 25 per cent reduction in the 2000 time-loss injury rate of 5.4 (as recommended earlier, this would be calculated by the Workers Compensation Board). Statistical measuring procedures and methodologies must be consistent throughout the entire period in order to produce fair and reliable results.

**A decrease in the time-loss rate would represent a very real and measurable reduction in human suffering.**

**The 25 per cent reduction is significant but with the involvement of all the relevant social sectors it is achievable.**

The starting year for this measurement should be 2002. If this goal were reached, the time-loss injury rate per 100 workers would be 4.1 in 2006. A five-year target is in keeping with the Committee's recommendation that the Act be reviewed every five years. The 25 per cent reduction is significant but with the involvement of all the relevant social sectors it is achievable, and reflects the message that was presented to this committee by the people of Manitoba.

## Recommendations

***The Review Committee recommends that:***

62 The Manitoba government establish a five-year injury reduction target of 25 per cent in the Workers Compensation Board time-loss injury rate. The five-year period should start in 2002.

# Conclusion

Work should be a source of income and sustenance, a social activity through which people express their identity and their worth, and an opportunity to contribute to the development of one's society and community. For too many Manitobans it is also, unfortunately, a source of pain and suffering.

Manitobans told us clearly that they want safer and healthier workplaces. They also believe that it is possible to create such workplaces through joint, sustained activity. This report outlines a four-part strategy for increasing awareness, training, prevention, and responsibility for workplace safety and health. These are the steps needed to develop a safety and health culture. As that culture develops, Manitobans will move towards meeting and eventually surpassing the goals for injury reduction that this report is recommending.

This is a reasonable, balanced, and practical approach. It is not cost-free: it will require an investment of time and resources from all stakeholders. The benefits to all Manitobans from a dramatic, ongoing reduction in workplace injury and illness will, however, far exceed these costs.

While it is now up to the government to take a leadership role, we will only succeed if all Manitobans commit themselves to implementing the recommendations in this report.

**The benefits to all Manitobans from a dramatic, ongoing reduction in workplace injury and illness will far exceed the costs.**

# References


1 Workers Compensation Board of Manitoba, *Annual Report 2000*, page 3.

2 Workers Compensation Board of Manitoba, Annual Reports, 1991-2000.

3 Workers Compensation Board of Manitoba, *1991 Statistics*, page 8.

4 Workers Compensation Board of Manitoba, *Annual Report 2000*, page 61.

5 Workers Compensation Board of Manitoba, *Annual Report 2000*, page 59.

6 Manitoba Labour and Immigration, *Improving Workplace Safety and Health in Manitoba*, September 2001, page 13.

7 *Brief to the Workplace Safety and Health Consultation Task Force*, November 28, 2001, Allen Kraut MD, FRCPC Associate Professor, Departments of Community Health Sciences and Internal Medicine, University of Manitoba, page 3.

8 Unpublished data, Manitoba Government, Occupational Health Branch, Workplace Safety and Health Division.

9 Unpublished data, Manitoba Government, Occupational Health Branch, Workplace Safety and Health Division.

10 Manitoba Labour and Immigration, *Annual Report, 2000-2001*, page 45.

11 Unpublished data, Manitoba Government, Occupational Health Branch, Workplace Safety and Health Division.

12 Unpublished data, Manitoba Government, Occupational Health Branch, Workplace Safety and Health Division.

**All of the above data are available on request from the Workplace Safety and Health Division, 204-400 York Avenue, Winnipeg, Manitoba, R3C 0P8, 204-945-2351.**

# Summary of Recommendations

***The Review Committee recommends that:***

## Cornerstone recommendation

1 UNDER THE LEADERSHIP AND DIRECTION of the Manitoba government, the Workplace Safety and Health Division and the Workers Compensation Board coordinate their efforts and resources to lead a sustained, provincial initiative to build a strong workplace safety and health culture in Manitoba.

The development of such a culture will require ongoing work in the following four priority areas:

1) public awareness and education
2) training for employers, supervisors, and workers
3) prevention measures and standards
4) internal and external responsibility systems

Success will require the leadership and strong financial support of the Government of Manitoba and others; it will also require the active participation of employers and workers, employer and labour organizations, safety and health professionals, and educators.

## Public awareness

2 THE GOVERNMENT OF MANITOBA lead in the development and implementation of an ongoing public-awareness campaign intended to create positive workplace safety and health attitudes. The Workers Compensation Board and the Workplace Safety and Health Division should lead a broad stakeholder group in developing this plan. Success will require the leadership and strong financial support of the Government of Manitoba and others; it will also require the active

participation of employers and workers, employer and labour organizations, safety and health professionals, and educators.

3 **The Workplace Safety and Health Division** and Workers Compensation Board encourage and support the network of organizations committed to preventing occupational injuries and disease.

4 **The Workplace Safety and Health Division** and Workers Compensation Board assist in the establishment of new, industry-based, safety and health associations to provide safety and health education, consultation, and advice to employers and employees.

5 **The Workplace Safety and Health Division** and the Workers Compensation Board assist the Department of Education, Training, and Youth to develop workplace safety and health resource materials for teachers and students from kindergarten to Senior 4.

6 **The Workplace Safety and Health Division** and the Workers Compensation Board assist the Department of Education, Training, and Youth to ensure that provincial curriculum addresses workplace safety and health issues from kindergarten to Senior 4.

7 **The Workplace Safety and Health Division**, the Workers Compensation Board, the Department of Education, Training, and Youth, and the Council on Post-Secondary Education work together to ensure that appropriate workplace safety, health, and environment education is provided in post-secondary educational institutions to vocational, technical, and professional students.

8 **The Apprenticeship Branch** work with the Workplace Safety and Health Division to ensure that instruction in safe work practices is adequate, and that apprentices are provided with

general safety and health education in their rights and responsibilities, and in the fundamentals of hazard control.

9 **The provincial departments of Education, Training, and Youth** and Advanced Education provide funding for the development of workplace safety and health curriculum and training materials.

## Training

10 **Employers provide new workers** with the necessary orientation and training to ensure that they understand and follow good safety and health practices that are environmentally sound.

11 **The Workplace Safety and Health Division** and Workers Compensation Board encourage the development of industry-specific, environmentally sound, safety and health training by industry associations, employers, unions, and private consultants.

12 **The Workplace Safety and Health Division** develop training programs in safety and health issues that are targetted for supervisory staff.

13 **The Workplace Safety and Health Division** train external trainers to deliver Division training programs where demand warrants.

14 **The Workplace Safety and Health Division** deliver more training in rural and northern Manitoba.

15 **The Workplace Safety and Health Division** and the Workers Compensation Board, together with other stakeholders, develop and make available to the public an inventory of available safety and health training programs and trainers.

16 **The Workplace Safety and Health Division** work with the Department of Agriculture and Food, and industry and community groups to:

1) prevent illness and injuries on the farm by coordinating the development of education, training, and support materials
2) deliver environmentally sound farm-safety programs and training

17 **The Workplace Safety and Health Division** provide sufficient training opportunities for Safety and Health Officers to be knowledgeable about workplace practices, hazards, effective risk-management strategies, and the proper application of the *Workplace Safety and Health Act* and regulations.

18 **The Workplace Safety and Health Division** meet periodically with Manitoba workplace safety and health organizations to identify trends, share information, and plan joint prevention initiatives.

19 **The Workplace Safety and Health Division's** annual report contain a description of the workplace safety and health training programs provided in the previous year.

## Prevention measures

20 **Formal safety and health** (and, where appropriate, environment) programs be developed and implemented in Manitoba workplaces.

21 **The elements of a safety and health** (and, where appropriate, environment) program whose objective is the prevention of workplace injury and illness be identified in a regulation.

22 **Effective in 2005, public-** and private-sector purchasers of construction services require bidders on contracts exceeding $250,000 to have appropriate industry association Certificate of Recognition accreditation or equivalents.

23 **The Workers Compensation Board**, through its rate structure, offer economic incentives to firms that acquire industry association Certificate of Recognition accreditation or equivalents for

effective implementation of a workplace safety, health, and environment program.

24 **The Workplace Safety and Health Division**, Department of Agriculture and Food and other stakeholders work cooperatively to develop a farm safety and health program guideline, and work with industry to promote its use.

25 **The Workplace Safety and Health Division** and Department of Agriculture and Food cooperate in the development of a comprehensive child farm-safety and health program.

26 **The provincial Department of Agriculture and Food** provide funding for the development and implementation of appropriate farm safety, health, and environment strategies referred to in this report.

27 **In extraordinary circumstances**, the Director of the Workplace Safety and Health Division have the authority to grant exemptions to regulations. Exemptions should only be provided if the exemption does not jeopardize safety and health, and following consultation with the affected persons.

28 **The issue of workplace impairment** be referred to the Advisory Council on Workplace Safety and Health for immediate study and recommendation.

29 **The Chief Occupational Medical Officer** and the Workers Compensation Board take the following steps to improve the reporting, diagnosis, and investigation of occupational illness:

1) The Chief Occupational Medical Officer and the Workers Compensation Board work with the medical community to improve reporting of occupational illness to the Board and the Chief Occupational Medical Officer.
2) Reports of occupational illness received by the Workers Compensation Board be shared with the Chief Occupational Medical Officer as soon as possible.

3) These agencies treat reports of occupational illness as sentinel or warning events and conduct appropriate investigations.

30 **The Workplace Health Hazard Regulation** be updated to give clear direction in the regulation of dangerous substances. The regulation should direct employers using dangerous substances to employ the following hierarchy of strategies to control these health hazards:

1) substitution with less harmful substances
2) engineering or administrative controls
3) personal protective equipment

31 **The Chief Occupational Medical Officer,** in conjunction with the Workers Compensation Board and Occupational Health practitioners, work with the College of Family Physicians to improve continuing medical education in occupational health matters for family physicians.

32 **The Regulatory Occupational Exposure Limits** be updated and based upon the current recommendations of the American Conference of Governmental Industrial Hygienists.

33 **A regulation be developed** whose objective is the prevention of violence, harassment, and conflict in the workplace.

34 **Steps be taken to ensure that workers** are not exposed to second-hand/environmental tobacco smoke in the workplace, and that the government consult stakeholders (for example, the hospitality and entertainment industry) on this matter and then proceed to develop a strategy and action plan for implementation of this recommendation.

35 **A pregnant or nursing worker,** who furnishes to her employer a certificate from a qualified medical practitioner attesting that her working conditions may be dangerous to her unborn child or herself, or the child she is breast-feeding, may request accommodation or reassignment to other duties that she is

reasonably capable of performing involving no such risk. The employer shall, upon the receipt of such a request:

1) where reasonably practicable, take steps to minimize the exposure of the worker to the substance;
2) on the worker's request, assign the worker to less hazardous alternate work if that work is available.

36 **Consultations with the public** be conducted to review ergonomics in the workplace, including the feasibility of the draft ergonomics regulation which has been considered by the Advisory Council on Workplace Safety and Health. The process should involve organizations representing workers, employers, technical and professional bodies.

37 **The *Workplace Safety and Health Act*** and its administration be reviewed every five years in consultation with employers, labour, safety and health organizations, and other interested organizations.

## Responsibility

38 **Joint Workplace Safety and Health Committees:**

1) participate in regular workplace inspections conducted by the employer
2) participate in internal investigations of workplace accidents, injuries, and incidents
3) conduct an annual assessment of the safety and health program in their workplace. The Workplace Safety and Health Division should develop and distribute an appropriate assessment tool to assist committees in this task.

39 **Joint Workplace Safety and Health Committee** worker co-chairpersons have a role to play in the resolution of work refusals. If a worker is unable to resolve a work refusal with his or her supervisor, the worker co-chairperson (or designate) should participate in the investigation of the refusal and assist

in efforts to resolve it. If the work refusal cannot be resolved at that stage, a Safety and Health Officer should be notified.

40 **Employers respond** to Joint Workplace Safety and Health Committee recommendations in a timely manner. Within 30 days of receipt of a recommendation from the committee, the employer should:

1) implement the recommendation, or
2) agree to implement the recommendation and provide a plan for implementation, or
3) provide a written plan for an alternative approach to addressing the recommendation, or
4) provide written reasons for not implementing the plan or taking any other action

If the matter cannot be resolved internally, it could then be referred to a Safety and Health Officer for resolution.

41 **Reasonable efforts must be made** to conduct Joint Workplace Safety and Health Committee activities so that committee members do not lose pay and benefits for their duties related to committee business.

42 **Regardless of hours of work or shift** scheduling, committee members not suffer a loss of pay or benefits for participating in safety and health training provided for under the Act.

43 **In sectors where there** is a demonstrated need, and after consultation with their employees, multi-site employers with an aggregate of 20 or more employees be required to develop a plan to provide for their workers' safety and health that is acceptable to the Workplace Safety and Health Division.

44 **Joint Workplace Safety and Health Committees** be required to file committee minutes with the Workplace Safety and Health Division.

45 **SAFETY AND HEALTH OFFICERS** have the worker co-chairperson or designate accompany them on inspections of the workplace.

46 **JOINT WORKPLACE SAFETY AND HEALTH COMMITTEES** be provided with a copy of a report on the outcome of inspections, audits, investigations, and monitoring done by Safety and Health Officers, or by the employer.

47 **THE SAFETY AND HEALTH OBLIGATIONS** of contractors, owners of premises, and suppliers be clarified. Specifically:

1) Contractors and sub-contractors should be assigned responsibility for managing risks that are under their control, and for maintaining an effective safety and health management system. Contractors and sub-contractors should also be required to comply with the safety and health requirements of the employer at that workplace.
2) Owners of the premises in which a workplace is located should be responsible to ensure the premises are safe for matters under their direct control.
3) Suppliers should be required to ensure equipment is in good condition and complies with the Act and regulations when used in accordance with the instructions provided by the supplier.

48 **LEGISLATIVE PROTECTION FROM DISCIPLINE** include those workers and/or Joint Workplace Safety and Health Committee member(s) who, with reasonable grounds, intervene to prevent immediate harm or injury to any person in the workplace.

49 **THE WORKPLACE SAFETY AND HEALTH DIVISION** continue with focussed enforcement, concentrating on a limited number of companies with poor time-loss claim statistics. This approach should not prevent the Division from fulfilling its duty to conduct routine inspections in other workplaces.

50 **STEPS BE TAKEN TO ADDRESS** non-compliance with improvement orders.

51 **ALTERNATIVE SENTENCING PROVISIONS** be put in place, enabling judges to order that financial penalties be directed to workplace safety and health promotion, education, and training programs.

52 **SAFETY AND HEALTH OFFICERS** be enabled to investigate and offer resolution to worker complaints of disciplinary action for workplace safety and health activity, subject to appeal to the Workplace Safety and Health Division Director and ultimately to the Labour Board.

53 **THE CURRENT PROCESS FOR THE APPEAL** of the decisions of Safety and Health Officers be replaced with a single, uniform process. Any person directly affected by a Safety and Health Officer's decision should have the right of appeal to the Director of the Workplace Safety and Health Division within 14 days of the communication of the decision. The Director's decision is appealable to the Labour Board within 14 days. All appeal decisions should be issued in writing and provide reasons.

54 **INQUESTS BE HELD INTO THE CIRCUMSTANCES** surrounding traumatic workplace fatalities. These inquests should be convened in a timely fashion, with the family being fully informed throughout the process.

55 **THE FEDERAL AND PROVINCIAL GOVERNMENTS** resolve jurisdictional issues related to responsibility for matters such as safety and health in commercial fishing, pilot safety, and safety and health on First Nations reserves. Agreements to resolve such jurisdictional issues should take into account which jurisdiction is best able to fulfil the necessary enforcement responsibilities.

56 **Manitoba and Saskatchewan** resolve the jurisdictional issues for safety and health in Flin Flon by ensuring that the provisions of the Manitoba *Workplace Safety and Health Act* cover the entire City of Flin Flon.

## Relationships

57 **The Workplace Safety and Health Division** and the Workers Compensation Board develop a formalized joint planning process, including budget and personnel, to allow for the more effective use of prevention resources and to prevent unnecessary duplication.

58 **the Workers Compensation Board** and the Workplace Safety and Health Division co-ordinate regular safety, health, and environment summits.

## Measuring our progress

59 **The Workplace Safety and Health Division** use the Workers Compensation Board methodology for calculating time-loss injuries.

60 **Statistics on workplace safety and health** time-loss injury rates be regularly published and be made readily available to all stakeholders.

61 **The Workplace Safety and Health Division** and the Workers Compensation Board continue to work with the Association of Workers Compensation Boards of Canada and the Canadian Association of Administrators of Labour Legislation to develop a common methodology for measuring injuries. In the process, the Board and Division should seek the input of Manitoba stakeholders.

62 **The Manitoba government establish** a five-year injury reduction target of 25 per cent in the Workers Compensation Board time-loss injury rate. The five-year period should start in 2002.

# *Appendix One*

## List of Presenters at Task Force Public Meetings

### October 11, 2001

***Brandon: Agricultural Extension Centre***

Chris Barkley
Karla Kewell (Inventronics)
Christina Kytwayhat
Charlotte Larocque (Inventronics)
Tim Mills
Mike Pavlek
Valerie Pratt
Cindy Skanderberg
Jack Van Mulligan

### October 15, 2001

***Winnipeg: Winnipeg Convention Centre***

Brian Ardern (Manitoba Teachers' Society)
Jim Brown
Guy Champagne
Shawn Feely (IMPACT)
Lynda Kolly
Ken Nimchuk
Ellen Olfert (Workers of Tomorrow)
Cole Patterson
Maria Versace (Canadian Auto Workers)

### October 16, 2001

***Winnipeg: Winnipeg Convention Centre***

Paul Edwards (Physicians for a Smoke-Free Canada)
Ron Miller
Dr. Mark Taylor (Manitoba Medical Association)

## October 22, 2001

***Brandon: Agricultural Extension Centre***

Barry Bromley
Maurice Delichte (Manitoba Milk Producers)
Don Dewar (Keystone Agricultural Producers)
Ted Eastley (Assiniboine Community College)
Shawn Feely (Prevention Education Network of Western Manitoba)
James Fleury (Brandon Regional Health Authority)
Marcel Hacault (Manitoba Pork Council)
Tom Hutcheson (Simplot)
Fiona Jeffries (Heart and Stroke Foundation)
Robert Meijer (Canadian Federation of Independent Business)
Lyle Robideau (Maple Leaf Pork)
Ron Teepk (Brandon and District Labour Council)
Cathy Vanstone (Manitoba Agriculture and Food)

## October 24, 2001

***Winnipeg: Hotel Fort Garry***

Alvina Bartlett (WCB Widows' Action Group)
Dr. Ron Britton (Faculty of Engineering, University of Manitoba)
Al Cerilli
Dennis Dekleva (WCB Widows' Action Group)
Jack Di Santo (WCB Widows' Action Group)
Jeff Dunn (Winnipeg Labour Council)
Clairmont Felix (Canadian Auto Workers)
Robert Findlay (Fort la Bosse School Division)
Thomas Henderson (Canadian Auto Workers)
Rob Hilliard (Manitoba Federation of Labour)
Darren James (Canadian Auto Workers)
Jim Kepron
Wayne McLennan (Carpentry Training Institute)
Kerilyn Molinski (Workers of Tomorrow)
Shawna Pilat (Canadian Auto Workers)
Susan Routledge (WCB Widows' Action Group)

Bob Sample (Canadian Union of Postal Workers)
Tony Zienkiewicz (Canadian Auto Workers)

## October 29, 2001

***Lac du Bonnet: Community Centre***
Ron Pachkowsky (Tembec Paper Mill)
Roland Simard (Tantalum Mining Corporation of Canada)
Tom Tonner (Tantalum Mining Corporation of Canada)

## October 30, 2001

***Steinbach: Mennonite Heritage Village***
Maurice Boisjoli
Myles Kennedy
Gilles LeBrun (Canadian Guardrail, Union President, S.M.A.C.)
Marla Niekamp (United Food and Commercial Workers)
Bev St. Vincent
Jeff Traeger

## November 5, 2001

***Flin Flon: Indian Metis-Friendship Centre***
Kevin Allen (United Steelworkers of America)
Bill Bage (United Steelworkers of America)
Ian Cooper (Hudson Bay Mining & Smelting Co., Ltd.)
John Deneschuk
Peter Jones (Hudson Bay Mining & Smelting Co., Ltd.)
Mark Kolt (City of Flin Flon)
Tom Lindsey (United Steelworkers of America)
Linda Melnick (Keewatin Community College)
Dallas Mymko (Manitoba Mines Inspectors Association)
Glenn Sorensen

## November 6, 2001

***Thompson: St. Lawrence Church Hall***

Ray Berthelette (Thompson Labour Council)
Dave Crockett
Bob Desjarlais (United Steelworkers of America)
Les Ellsworth (United Steelworkers of America)
Gayle Hofmeister (Manitoba Government and General Employees' Union)
Pat Leahy (United Steelworkers of America)
Al McLennan (United Steelworkers of America)
Rod MacLean (Mines Accident Prevention Association of Manitoba)
Terry Murray (United Steelworkers of America)
Murray Pappin (United Steelworkers of America)
Jasper Robinson (Thompson Labour Council)
Walt Ryan (Ruttan Mine)
Marty Sanders (United Steelworkers of America)
Jean-Guy Saucier
Fred Stanford (Inco Ltd.)

## November 7, 2001

***Swan River: Legion Hall***

Sonny Klyne (Duck Mountain School Division)
Gordon Landriault (The Pas and Area Labour Coordinating Committee)
Ron Lewicki
Kathleen Nadler (Kelsey Teachers Association)
Lyle Sagert (International Woodworkers of America, Safety Committee)

## November 26, 2001

***Winkler: Royal Hall***

Stuart Brown
Dennis Dueck
Ray Friesen

Nadine Gropp (Safety Engineer, 3M Canada)
Marlene Holewka
Lou Lapointe (Portage la Prairie Labour Council)
Peter Neufeld
Bob Oldford (Portage la Prairie Labour Council)

## November 27, 2001

***Gimli: Lakeview Resort***

Bruce Avison
Ken Church (Faroex)
Roy Eyjolfson (Seagrams)
Ted Mansell (Service Employees International Union)
Shannon Martin
Niki Spence

## November 28, 2001

***Winnipeg: Winnipeg Convention Centre***

Dave Angus (Winnipeg Chamber of Commerce)
Brian Barron
Wayne Bergen (Canadian Union of Public Employees)
Harold Dyck
Bill Gardner (Winnipeg Chamber of Commerce)
Heather Grant-Jury (Winnipeg Labour Council)
Ronald Hambley (Winnipeg Construction Association)
Debbie Jamerson (Manitoba Government and General Employees' Union/ Winnipeg Labour Council )
Dr. Allen Kraut (Departments of Internal Medicine and Community Health Sciences, University of Manitoba)
Bill Leake (Plumbers and Pipe Fitters Union)
Ruth Livingston
Carol Loveridge (Manitoba Federation of Labour Occupational Health Centre)
Daria McLean (Manitoba Occupational Health Nurses Interest Group)

Paul Moist (Canadian Union of Public Employees)
Dan Overall (Manitoba Chamber of Commerce)
Shirley Post
Quim Reis (Canadian Auto Workers)
Loren Remillard (Winnipeg Chamber of Commerce)
Bob Romphf (Manitoba Nurses Union)
Julia Anne Shewchuk,(Canadian Auto Workers)
Joyce Sobering (Apprenticeship and Trades Qualification Board)
Cathy Walker (Canadian Auto Workers)
Shelly Wiseman (Canadian Federation of Independent Business)

## December 4, 2001

***Winnipeg: Winnipeg Convention Centre***

Dr. Sohrab Canteenwala (Back Safe Program)
Dr. Rob Chase (Manitoba Federation of Labour Occupational Health Centre)
Blaine Duncan (Manitoba Government and General Employees' Union)
John Elias (American Occupational Hygiene Association – Manitoba Section)
Richard Falk
Mel Gregory (Manitoba Heavy Construction Association)
Nermin Helal (Manitoba Federation of Labour Occupational Health Centre)
Kelly Ivory (Manitoba Government and General Employees' Union)
Cris Kemp (Canadian Society of Safety Engineering – Manitoba Chapter/Accident Prevention Association of Manitoba)
Rick Lousier (International Brotherhood of Electrical Workers)
Myrna Majano (Winnipeg Salvadorian Canadian Cultural Association)
Dave Martin (Manitoba Building and Construction Trades Council)
Andrew McKechnie (Canadian Society of Safety Engineering – Manitoba Chapter/Accident Prevention Association of Manitoba)
Fred Morris
Barry Mulder (Manitoba Heavy Construction Association)

Arnold Otto (Sheet Metal Workers Union)
Harvinder Pal Samra
Todd Scarth (Canadian Centre for Policy Alternatives)
Karen Turner (Protec Hearing)
Doug Wylie (American Occupational Hygiene Association – Manitoba Section)

## December 6, 2001

***Winnipeg: Winnipeg Convention Centre***

Paul Brault (Can-Terra Consulting)
Buffy Burrell (Canadian Labour Congress)
Chris Christensen (South East Manitoba Labour Council)
Kevin Conroy
Christine Dales (Inner-Tec)
Lissa Donner
Kenneth Emberley
Cathy Ford
Margaret Friesen
Jenny Gerbasi (City of Winnipeg)
Toni Hays (Apotex Fermentation)
Ed Huebert (Mining Association of Manitoba)
Debbie Jones (Inner-Tec)
Bob Kirkhope (Manitoba Building Contractors Safety Program)
Grant McCaughey
Steve McGregor
Greg Mendro
Harry Mesman (United Food and Commercial Workers)
Russ Morrow (United Fire Fighters of Winnipeg)
Keith Smith (United Steelworkers of America)
Don Whitmore (Manitoba Building Contractors Safety Program)
Charlie Wolfe (International Association of Machinists & Aerospace Workers)